NHSC/State Loan Repayment Program
Certified Eligible Site Application

Please complete one application per practice site. Review the application thoroughly before submitting, incomplete applications will take longer to process.

A. PRACTICE SITE INFORMATION (Items 1 through 8 are required)

1. Type of Practice Site:

- Primary Medical Care Site ☐
- Dental Care Site ☐
- Mental Healthcare Site ☐
- Mobile Medical Unit ☐
- Mobile Dental Unit ☐

- Outpatient Only ☐
- Both, Outpatient and Inpatient ☐
- Inpatient Only ☐

2. Name of Practice Site: _____

3. Site Address: _____
(Street address - required)

_____
(P.O. Box)

_____
(City) (County) (Zip +4)

4. Site Contact Person: _____
(Name) (Title)

_____
(Telephone number) (Fax number)

_____
(E-mail address)

Will contact person be responsible for signing the memorandum of understanding with the Office of Statewide Health Planning and Development (OSHPD)?
Yes ☐ No (see Part B of this application) ☐

5. Description of Practice site:

330 Clinic ☐ FQHC ☐ County Clinic ☐ RHC ☐

329 Migrant Health Center ☐ 95-210 Clinic ☐ Tribal Owned ☐

FQHC Look A-Like ☐ District Hospital ☐ Other (*) ☐

* Please explain: _____

6. Provide Sliding Fee Scale: Yes ☐ No ☐ (If yes, please attach a copy)

7. Automatic Designation: Yes ☐ No ☐

8. Type of Practice:

- Public ☐
- Private, Not-For-Profit ☐ (Attach Federal tax exempt letter – i.e., 501(c) 3)
- Other ☐ _____

B. SPONSORING ENTITY INFORMATION (required if different than practice site)

1. Name of Sponsoring Entity: _____

2. Entity Address: _____
(Street address - required)

_____
(P.O. Box)

_____
(City) (County) (Zip +4)

3. Entity Contact Person: _____
(Name) (Title)

_____
(Telephone number) (Fax number)

_____
(E-mail address)

Will contact person be responsible for signing the memorandum of understanding with OSHPD? Yes ☐ No ☐ If no, please provide name and title:

_____

C. PRACTICE SITE ASSURANCES

Please initial next to each section indicating that you have read and understand the requirements.

___1. Loan Repayments:
- Site shall match OSHPD's award for loan repayment on a 50-50 basis and shall pay with non-federal funds (i.e., revenues from State or local government and the private sector, no part of which represents an appropriation of federal monies).

___2. Salaries:
- Site shall compensate providers at salaries that are competitive with other health professional salaries in the area.
- Site shall not use OSHPD's award or the site match as a means to reduce provider salaries or offset provider salaries (e.g., deduct funds from the provider's paychecks).

___3. Accessibility:
- Providers will accept assignment for Medicare and Medicaid patients.
- Site uses sliding discount fee schedule or other documented means that assures no financial barriers to care for those below 200% poverty.
- Site will conspicuously post a statement of nondiscrimination based on ability to pay.
- Site has a nondiscrimination policy that prohibits discrimination based on race, age, creed, disability, gender, or religion.

___4. Comprehensive System of Care:
- Providers shall practice in dental care settings, ambulatory primary care settings, or in mental healthcare settings that assure the availability of primary care services, including lab and x-ray, pharmacy, after-hours, and referral arrangements for services not available on site.

C. PRACTICE SITE ASSURANCES (continued)

___5. Quality of Care:

- Site has a credentialing program in place to review references and verify licensure and certification status of providers.
- Site has an improvement system in place, which may include patient satisfaction surveys, peer review systems, clinical outcome measures or similar systems.
- Services will be delivered in a culturally appropriate fashion so as to be sensitive and responsive to the needs of the target population.
- Site will address retention of providers through monitoring of turnover, clinical team management efforts, pay comparability surveys, exit interviews, and other means.

___6. Provider Employment Contracts:

- Providers shall practice only in the approved HPSA and at the site to which originally assigned, for a minimum or two (2) years, unless a change is approved by OSHPD.
- All providers will have contracts or employment agreements that include the following: Providers shall perform full-time clinical practice which is defined as a minimum of 40 hours per week and a minimum of 45 weeks per year (1800 hours).
- Contract shall not restrict the continued practice of provider in the HPSA to which he/she is assigned, after his/her obligation is completed.
- Continuing professional education time and funds shall be made available.
- Site shall communicate with OSHPD staff regarding the status of providers, including resignations, terminations, and extended leave for providers.
- Site shall inform OSHPD of all circumstances surrounding resignations and terminations.
- Site must immediately inform OSHPD if it is no longer willing or able to comply with any of the above conditions.

D. Practice Site Certification

I certify and agree to abide by each and every requirement listed in this application, and that the information provided is true and correct as of the date set forth, opposite my signature. I also understand that any intentional or negligent misrepresentation(s) of the information contained in the application may result in the forfeiture of our entity's eligibility to participate in the State Loan Repayment Program.

Printed name: _____

Title: _____ Phone Number: _____

Signature: _____ Date: _____

Submit application and required documents to:

OSHPD/HWCDD
State Loan Repayment Program
Attn: Sondra Jacobs
1600 9th Street, Rm. 440
Sacramento, CA 95814

For Official Use Only:

Application Rec'd: _____ Reviewed by:_____ Approved ☐ Not Approved ☐

Census Tract Number:_____ HPSA ID # _____ HPSA Score _____ A/D ☐

Northern ☐ Central ☐ Southern ☐ Urban ☐ Rural ☐ Frontier ☐

Comments: